

Atty. Dkt. No. 047711-0285

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Gray et al.

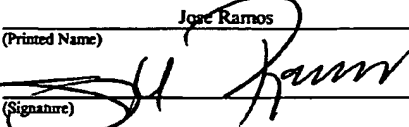
Title: INFUSION DEVICE AND
DRIVING MECHANISM FOR
SAME.

Appl. No.: 10/033,772

Filing Date: 10/27/2001

Examiner: Michael E. Hayes

Art Unit: 3763

| | |
|---|---------------------------------------|
| CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | |
| EV 420551887 US (Express Mail Label Number) | February 3, 2005 (Date of Deposit) |
| Jose Ramos (Printed Name) | |
|  (Signature) | |

AMENDMENT AND REPLY UNDER 37 CFR 1.111

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Non-Final Office Action dated November 4, 2004, concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks/Arguments begin on page 27 of this document.

Please amend the application as follows:

07/12/2005 LTHOMPS1 00000004 500872 10033772

01 FC:1201 400.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
 Effective October 1, 2001

Application or Docket Number

10033722

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 68 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 68 minus 20 = | * 48 |
| INDEPENDENT CLAIMS | 9 minus 3 = | * 6 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐**OR OTHER THAN SMALL ENTITY**

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18= | 864 |
| X84= | 504 |
| +280= | |
| TOTAL | |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|-----------------------|---|------------------------------------|---------------|
| AMENDMENT A 8-3-05 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * 77 Minus ** 77 | = / |
| | Independent | * 13 Minus *** 11 | = 2 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

SMALL ENTITY TYPE ☐**OR OTHER THAN SMALL ENTITY**

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | 400 |
| +280= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|-----------------------|---|------------------------------------|---------------|
| AMENDMENT B 7-1-05 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * 43 Minus ** 77 | = / |
| | Independent | * 5 Minus *** 11 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|-------------|---|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * Minus ** | = |
| | Independent | * Minus *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.